

# CITY OF GREEN BAY DENTAL COMPARISON

(Effective 1/1/2013)

BENEFIT	CARE-PLUS PREPAID (DENTAL ASSOC.)	CITY OF GREEN BAY * HUMANA DENTAL PLAN 2
Annual Maximum	\$2500	\$2500
Deductible – Per Person	N/A	\$50.00
- Per Family	N/A	\$150.00
Dependents	Age 26	Age 26
<b><u>Diagnostic</u></b>		
Examinations	100%	100%
Bitewing X-rays	100%	100%
All Other X-rays	100%	80%
<b><u>Preventive</u></b>		
Prophylaxis (Cleanings)	100%	100%
Fluoride Treatment	100%	100%
Sealants	100%	80%
Space Maintainers	100%	80%
<b><u>Restorative</u></b>		
Amalgam Fillings	100%	80%
Composite Fillings	100%	80%
<b><u>Single Crowns</u></b>		
Repairs	100%	80%
<b><u>Endodontics</u></b>		
Root Canal Therapy	100%	80%
<b><u>Oral Surgery</u></b>		
Simple Extractions	100%	80%
<b><u>Periodontics</u></b>		
Treatment of Mouth Diseases	100%	80%
<b><u>Prosthetics</u></b>		
Fixed Bridgework	100%	80%
<b><u>Removable</u></b>		
Full Dentures	100%	50%
Partial Dentures	100%	80%
Repairs & Additions	100%	80%
<b><u>Orthodontics</u></b>		
Maximum	\$2500.00**	\$2000.00***
Co-Payment	50%	50%
Dependent Coverage	Includes Adults	Includes Adults
Dental Implants #	100%	80%
<b><u>Emergency Treatment</u></b>		
In-Service Area	100%	Covered at applicable Benefit Level
Outside Service Area	\$80.00	Covered at applicable Benefit Level

\* All out-of-network services are subject to usual and customary (U&C) payment maximums. Charges over U&C are the patient's responsibility and are not applicable to annual out-of-pocket limits.

\*\* Separate lifetime maximum.

\*\*\* Included in annual maximum.

***THIS COMPARISON IS A GENERAL OUTLINE OF COVERAGE AND IS SUBJECT TO CHANGE.  
IT IS NOT A GUARANTEE OF COVERAGE. IN ANY CASE, THE PLAN BOOKLET PREVAILS.***